U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

FORM

ANNUAL SURVEY OF PUBLIC EMPLOYMENT & PAYROLL MARCH 2011 - SPECIAL DISTRICTS AND LOCAL AGENCIES

| OF THE CE | E-3 (12-16-2010) | OMB No. 0607-0452: Approval Expires 04/30/2013 | | | | | | | |
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| U.S. Census Bui | | | | | | | | | |
| 1201 East 10th Jeffersonville, I | Street | | | | | | | | |
| If you have any please call 1-80 Weekdays, 7am | 0-642-4901 | | | | | | | | |
| Questions may a to: govs.employ | also be emailed /@census.gov | | | | | | | | |
| In correspond | ence | | | | | | | | |
| pertaining to to | this report, | | | | | | | | |
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| your addr changed. | ress nas | | | | | | | | |
| | | (Please correct any errors in name, address and zip code above.) | | | | | | | |
| INTERNET RE | SPONSE: If you | u prefer, you may respond User ID et at the following web | | | | | | | |
| address: http | ://harvester.cer | nsus.gov/sgenet | | | | | | | |
| | · | to access the Internet form. | | | | | | | |
| DATA SUPPL | IED BY | | | | | | | | |
| If additional people assisted in completing this report, please include contact information in "Additional remarks" on page 2. | | | | | | | | | |
| Name of perso | on completing the | e report Title | | | | | | | |
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| Area Code and | d Phone Number | Extension Fax | | | | | | | |
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| E-mail address | • | | | | | | | | |
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| | | | | | | | | | |
| PAID EMPLO | YEES/OFFICIAL | s en la companya de | | | | | | | |
| Please complet | te this survey for | rm if your agency currently has paid employees/officials. | | | | | | | |
| If your agency has NO PAID employees/officials, mark (x) here → | | | | | | | | | |
| PART I – FULI | L-TIME STAND | ARD WEEKLY HOURS | | | | | | | |
| | erage or standar | | | | | | | | |
| number of wee | ekly hours of wo RITY of your | ork | | | | | | | |
| full-time emplo | oyees? | A \square 39 hours or more \square 34 to 37.4 hours \square 30 to 31.9 hours | | | | | | | |
| Loce than 30 h | nours per week | | | | | | | | |
| should be repo | orted as Part-Tim | ne. B 37.5 to 38.9 hours D 32 to 33.9 hours | | | | | | | |

| FORM E-3 (12-16-10) | | | | | | Page 2 | | | | |
|--|--|--|--|--|-------|--|--|--|--|--|
| PART II – PAY INTERVAL | | | | | | | | | | |
| 1. How frequently are your full-time employees (all or most) paid for their services? 2. How frequently are your part-time employees (all or most) paid for their services? Mark (X) ONS have as by For multiple past intervals. | | | | | | | | | | |
| Mark (X) ONE box only. For multiple pay intervals, see SPECIAL INSTRUCTIONS on page 4. Mark (X) ONE box only. For multiple pay intervals, see SPECIAL INSTRUCTIONS on page 4. | | | | | | | | | | |
| M Monthly | Q Quarterly | М | | Monthly | Q | Quarterly | | | | |
| T Twice a mon | th S Semi-Annu | ıally T | | Twice a month | s | Semi-Annually | | | | |
| B Bi-Weekly | A 🗌 Annually | В | | Bi-Weekly | Α 🗌 | Annually | | | | |
| W Weekly | W Weekly | | | | | | | | | |
| PART III – EMPLOYEES, PAYROLL, AND PART-TIME HOURS | | | | | | | | | | |
| Report data for the ONE PAY PERIOD, which includes March 12, 2011 and corresponds to the pay interval marked in Part II. If some employees are on a different pay interval from the majority, please report these employees, their payroll, and any part-time hours separately as indicated in the special instructions on page 4. Type of Employee – Report full-time employees in column (a) and their payroll in column (b) for the pay interval indicated in Part II. Report part-time employees in column (c) and their payroll in column (d) for the pay interval indicated in Part II. Report in column (e) the total hours paid for all part-time employees reported in column (c). If actual hours paid are not available, enter an estimate. | | | | | | | | | | |
| Full-time Employees | | | | Part-time Employees | | | | | | |
| Total number of employees at each pay interval | Gross payroll for employees in column (a) (omit cents) | Total number of employees at each pay interval | | Gross payroll for employees in column (omit cents) | n (c) | Total paid part-time hours for amounts reported in column (d) (Estimate if unknown) | | | | |
| (a) | (b) | (c) | | (d) | | (e) | | | | |
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| Additional remarks – Please indicate below any groups of your employees for which you could not supply information or any difficulties you encountered in completing the form. Please provide an explanation for any significant changes to employment or payroll occurring within the last year that would aid in understanding this report. | | | | | | | | | | |
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DEFINITIONS

EMPLOYEES – Persons paid for personal services performed in the indicated pay period, including persons in a paid leave status. **Include** any officials paid on a salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semiannually, or annually. **Exclude** employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees.

FULL-TIME EMPLOYEES – Persons employed during the pay period to work the number of hours per week that represents regular full-time employment. **Include** temporary or seasonal employees who are working the number of hours that represents full-time employment.

PART-TIME EMPLOYEES – Persons employed on a part-time basis during the designated pay period. **Include** those daily or hourly employees usually engaged for less than the regular full-time workweek, as well as any part-time paid officials. **Exclude** here, and report as full-time, any temporary or seasonal employees working on a full-time basis during this pay period.

PAYROLL (GROSS BEFORE DEDUCTIONS) -

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Salaries, wages, fees, or commissions earned by employees during (or applicable to) the pay period(s) which includes **March 12, 2011**. **Include** overtime, premium, night differential pay, bonuses, and incentive payments that are paid at regular pay intervals. **Include** amounts withheld for taxes, employee contributions to retirement systems, etc. **Exclude** employer share of fringe benefits, lump sum payments and the value of living quarters and subsistence allowances furnished to employees.

If some employees are on a different pay interval from the majority, please report these employees, their payroll, and part-time hours separately as indicated in the **Special Instructions** on page 4.

PART-TIME HOURS PAID – Total hours actually paid during the pay interval for all persons working less than the number of hours that represents full-time employment. **Include** an estimate of hours worked during the pay interval for part-time employees not compensated on an hourly basis.

GENERAL INSTRUCTIONS

- Indicate in Part I the standard weekly hours of work for most full-time employees.
- 2. Indicate in **Part II** the length or frequency of your pay interval.
- 3. Include all current employees whether paid from the general fund or special funds.
- 4. Report in **Part III** gross payroll amounts for just the ONE PAY PERIOD which includes March 12, 2011.
 - a. **Do not** report cumulative salaries since the beginning of the calendar or fiscal year.
 - b. **Do not** report payroll amounts from last fiscal year.
 - c. **Do not** report the employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.
- 5. Include total paid hours of work for part-time employees in **Part III**, column (e). If actual hours are not known, please enter an estimate.
- 6. Use the reporting format shown in **SPECIAL INSTRUCTIONS** on page 4 if you have multiple pay intervals.



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7. If you are unable to supply any of the information requested in **Part III**, please list in "Additional remarks" the source(s) of the missing information (including address and telephone number). Please provide an explanation for any significant changes to employment or payroll occurring within the last year that would aid in understanding this report.

- 8. If exact figures are not available, enter estimates and mark with an asterisk.
- Complete the "Data supplied by" box on the front of the form and return the completed
 questionnaire in the envelope provided. If additional people assisted in completing this
 report, please include contact information in "Additional remarks" on page 2.
- 10. Retain a copy of the completed questionnaire for your records. Thank you.

SPECIAL INSTRUCTIONS

Report separately in Part III all employees, payrolls, and part-time hours that are on a pay interval different from the one reported in Part II, PAY INTERVAL. Write a pay interval code M, T, B, W, Q, S, or A next to payroll amounts and part-time hours to indicate applicable pay interval.

For example, if your government has fifty (50) full-time employees and seven (7) part-time employees and each is paid at different pay intervals, report data separately as shown in the following example:

| Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS | | | | | | | | | |
|--|----------------|---------------------|--------------|---------|--|--|--|--|--|
| Full-time | employees | Part-time employees | | | | | | | |
| Number | Payroll | Number | Payroll | Hours | | | | | |
| 2 | 7 \$94,500 (M) | 5 | \$3,000 (B) | 300 (B) | | | | | |
| 1! | \$8,250 (W) | 2 | \$10,500 (Q) | 300 (Q) | | | | | |
| | \$160,000 (A) | | | | | | | | |
| | | | | | | | | | |

In this example, \$94,500 represents the monthly (code M) amount for 27 full-time employees; \$8,250 represents the weekly (code W) amount for 15 full-time employees; and \$160,000 represents the annual (code A) amount for 8 full-time employees; and \$3,000 represents the biweekly (code B) amount for 5 part-time employees; \$10,500 represents the quarterly (code Q) amount for 2 part-time employees.



NOTE: Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 10 minutes to 1½ hours per response, with an average of 20 minutes per response for this form type (E-3), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0452, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use Paperwork Project 0607-0452 as the subject.